

Attach

SMALL
PHOTO

**NICHOLLS STATE UNIVERSITY
COLLEGE OF EDUCATION
DEPARTMENT OF STUDENT TEACHING**
P.O. Box 2053
Thibodaux, LA 70310
Ph (985) 448-4330 - FAX (985) 448-4926

Official Use Only

Assignment:

Supervisor:

Grade Level:

Application for Student Teaching/Practicum

Guidelines

1. Applicants are to choose a specific geographic location from those outlined on the back of this sheet.
2. Applicant should detail in the comments section on back any unusual circumstances she /he feels the Director of Student Teaching should be aware of (including documentation of a disability).
3. In the comments section, indicate whether you have a close relative at a school in a chosen geographical area because you will not be allowed to student teach there.
4. **Applicant Deadline:** Fall Placement - Feb. 15th/Spring Placement - Sept. 15th (Completed form to Director)
5. FINAL DECISION ON STUDENT TEACHER PLACEMENT RESTS WITH THE DIRECTOR OF STUDENT TEACHING.

Application for (please check one): Fall _____ Spring _____ Year _____
Alternative Track Yes _____ No _____ (Content area: _____)

Full Name: _____ **NSU ID#:** _____

Mailing Address: _____
(street) (city) (state) (zip code)

Phone Number(s): _____ **E-mail:** _____
(Please keep Student Teaching Office up-to-date on any address/phone no. changes)

(Please check level or write in subject)

Birth to 5 /Early Interventionist _____ PK-3 _____

Elementary 1st-5th _____ Middle 4th-8th _____ (Content areas: _____)

Secondary 6th-12th _____ (Content areas: _____) Elementary 1st – 5th SPED _____

GEOGRAPHIC LOCATION: _____ Overall G.P.A. _____
(See back! Include name of parish plus name of area)

AGREEMENT: I hereby certify that I have read and understand the requirement as stated in the Nicholls State University Bulletin. In addition, I will accept the assignment for student teaching given to me as directed by the Department of Student Teaching, the College of Education and Nicholls State University. It is further understood, that I, the undersigned, accept full responsibility for transportation to the location of my student teaching assignment. I also certify that I understand that I cannot be assigned to a school if any close relative is there in any capacity. I have indicated any and all close relatives and their schools under "comments". Failure to do so may result in removal from student teaching. **I will be required to pay a \$100 Lab Fee. I am also required to submit with this application the following documents: 1) a background check 2) copies of ALL Praxis Scores 3) unofficial academic transcript 4) academic advisor signed completed curriculum form. You must have successfully completed all parts of the PRAXIS before permitted to student teach. You will not be assigned to a school where you are employed in any capacity. You will not be assigned to a school if all documents are not attached to this application.**

Your advisor must complete and sign the bottom section on the back before applying for student teaching. You will not be placed until you are cleared by your advisor and the office of Student Teaching.

Student's Signature _____

COMMENTS: _____

GEOGRAPHIC LOCATIONS

Lafourche Parish

- Thibodaux Area
- Central Lafourche Area
- South Lafourche Area
- Chackbay/W. Vacherie

Assumption Parish

- Pierre Part Area
- Napoleonville Area
- Labadieville Area
- Belle Rose Area

St. Charles Parish

- Luling Area
- Destrehan Area

Terrebonne Parish Houma Central

- Houma Central Area
- Thibodaux Area (Schriever)
- Bourg/Chauvin Area
- Dularge Area
- Grand Caillou Area
- Montegut
- Southland Mall Area

Ascension Parish

- Donaldsonville Area
- Prairieville Area
- Gonzales Area

Jefferson Parish

- Metairie/Kenner Area
- West Bank Area

St. Mary Parish

- Morgan City Area
- Amelia Area
- Berwick Area
- Patterson Area
- Franklin Area

St. James Parish

- Lutcher/Gramercy Area
- Vacherie Area

Other

- By Special
- Permission only

Teacher Education Graduation Candidate Audit -- Candidates pick up your degree audit from the Dean's secretary (Ms. Pat Robichaux) and meet with your faculty advisor.

Name of Faculty Advisor: _____

_____ is listed as your advisee.
(Student's Name) (ID#)

I am requesting that **you do an audit of your advisee's transcript** and determine the following:

- A. Does the candidate have a grade of C or better in **ALL** required curriculum courses? **If not, please list.**
- B. Does the candidate have a 2.5 GPA? **If not, please state.**
- C. Does/will the candidate have 45 hours of 300-level courses or above? **If not, please state.**
- D. Excluding student teaching courses what courses are remaining that the candidate needs to complete for his/her degree and when are they scheduled to be taken?
- E. Has the candidate passed all required PRAXIS? If not, please specify which exams are still needed.

Faculty Member's Signature

This signature verifies that this student is cleared for graduation (with the exception of student teaching) and all substitution forms are completed.